



## High School Credit Contract

For \_\_\_\_\_ - \_\_\_\_\_ School Year

Student's Name		Grade Level:
Course Options (check all course option that apply): <input type="checkbox"/> Concurrent Enrollment <input type="checkbox"/> Online <input type="checkbox"/> Tutorial <input type="checkbox"/> Home Instructions <input type="checkbox"/> Other: _____		
Course Title:		
Start Date: End Date:	Completion of this course will earn ____ credits.	Semester Course Full-Year Course
Course Description & Evaluation Techniques:		
Course Curriculum:		

Request for approval: This contract must be signed by the student and parent/guardian. The signatures below indicate that he/she has read and understood the agreement and is willing to abide by its terms. This document cannot be submitted without the appropriate signatures.

Administrator/Program Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_